

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at <i>Maryland</i>		Town <i>Summit</i>		County <i>Summit</i>	
Date of death	1906	Month	Aug	Day	12
Age		18		Years	1
Sex		Female		Color or Race	African
Occupation		None		Birthplace	Maryland
Where Residing if not at place of death		Maryland			
Married Single or Widowed		Name of Wife or Husband			
Father's Name		Lib. Boyer		Father's Birthplace	Rehobeth Ma
Mother's Maiden Name		Hester Haymond		Mother's Birthplace	Pocomoke
Name of person giving information		Lib. Boyer		How related to deceased	Brother

## CAUSES OF DEATH

Primary	<i>Tuberculosis of Lungs</i>	How long	<i>3 years</i>
Immediate	<i>Physical Exhaustion</i>	How long	<i>4 months</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>J. M. Ecker MD</i>	
Address		<i>Weston Summit, Co - Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Polly Bradshaw

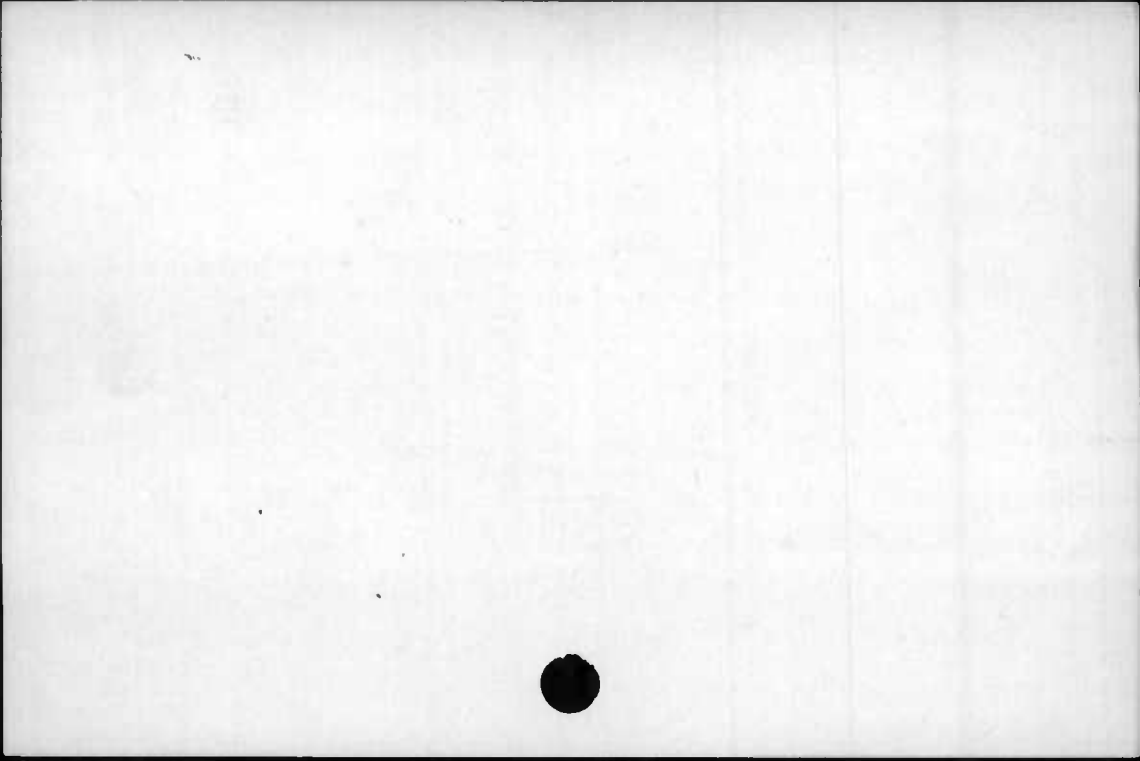
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Tylerton</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i> <sup>Month</sup> <i>August</i> <sup>Day</sup> <i>20</i>		Age <i>63</i> <sup>Years</sup>		Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Smiths Island</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Thomas Bradshaw</i>				
Father's Name <i>Johnson Messick</i>	Father's Birthplace <i>not known</i>				
Mother's Maiden Name <i>Charlotte</i>	Mother's Birthplace <i>not known</i>				
Name of person giving information <i>Andrew</i>		How related to deceased <i>Son</i>			

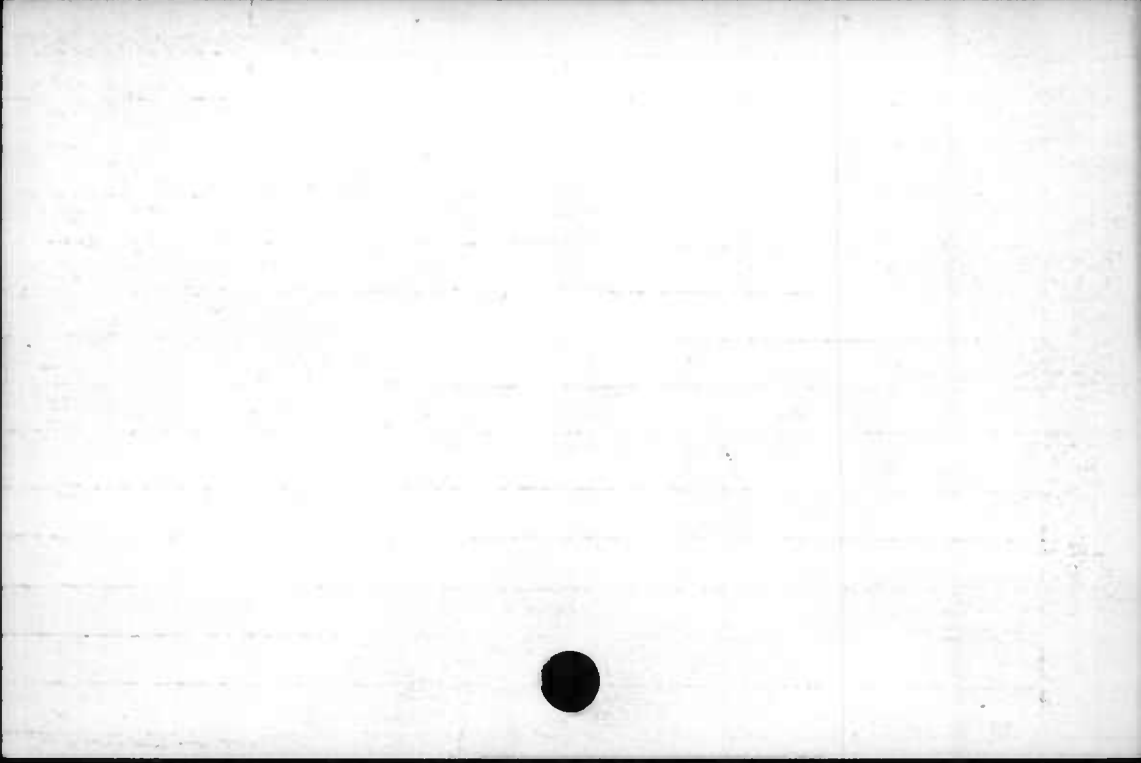
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Epithelioma</i>	How long <i>1 year</i>
Immediate <i>Examination</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>
	Address <i>Cecil, Md.</i>
Accident or Suicide?	



Name in Full		Infant. Tw Name Byrd				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Stebury</i>		County <i>Somerset</i>		MARYLAND							
		Date of death	1906	Month	Aug	Day	9	Age	Years	Months	4	Days	
		Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Somerset Co</i>				
		Occupation					Where Residing if not at place of death						
		Married, Single or Widowed			Name of Wife or Husband								
PHYSICIAN OR CORONER		Father's Name	<i>Arthur Byrd</i>						Father's Birthplace	<i>Som. Co</i>			
		Mother's Maiden Name	<i>Mary Dize</i>						Mother's Birthplace	<i>" "</i>			
		Name of person giving information	<i>Arthur Byrd</i>						How related to deceased	<i>Father</i>			
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary	<i>Suppurative Oropharyngitis</i>						How long	<i>1 week</i>			
		Immediate	<i>Cholera Infantum</i>						How long	<i>1 day</i>			
		Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>						Signature of Physician	<i>J. A. Somers</i>			
		Address	<i>Wilmington</i>						<i>Del.</i>				
PHYSICIAN OR CORONER		Accident or Suicide?	<i>No</i>										



Name  
In  
Full

Elsie Leash

## CERTIFICATE OF DEATH

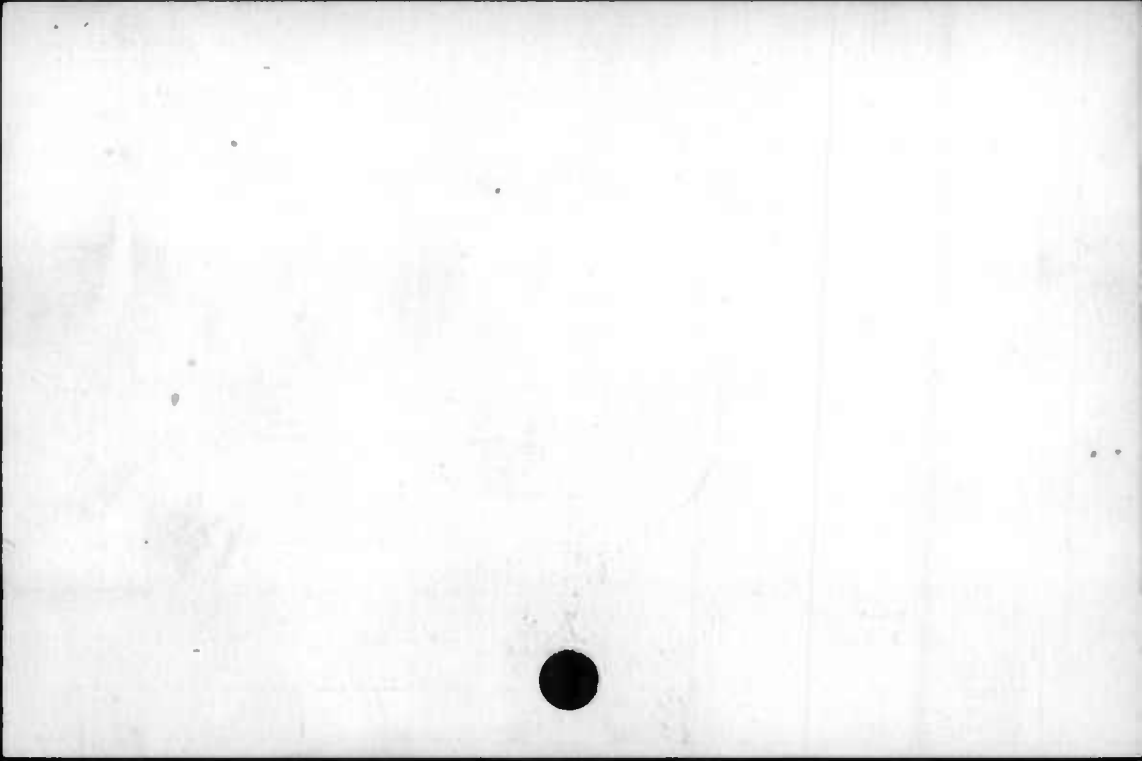
TO BE ANSWERED BY  
NEAREST FRIEND

Died at			County			MARYLAND								
Date of death			Age			Months			Days					
1906			8			26			8			21		
Sex			Color or Race			Birth-place								
Female			White			Ind								
Occupation						Where Residing if not at place of death								
Married, Single or Widowed			Name of Wife or Husband											
Single														
Father's Name			Father's Birthplace											
G. W. Carter			Ind											
Mother's Maiden Name			Mother's Birthplace											
Verna Ross			Ind											
Name of person giving information			How related to deceased											
G. W. Carter			Father											

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Mononucleosis	How long	Some months
Immediate	General exhaustion	How long	Several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. H. Wells	
		Address	
		Pocomoke City	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>James M. Crippin</i>		Town <i>Neer</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>8</i>	Day <i>27</i>	Age <i>2</i>	Years <i>2</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place			
Occupation <i>✓</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Gar Crippin</i>		Father's Birthplace <i>ind</i>					
Mother's Maiden Name <i>Laura Crippin</i>		Mother's Birthplace <i>ind</i>					
Name of person giving information <i>Mother's Name</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Do not know, no doctor in attendance</i>	How long	<i>6 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>James Duino "Undertaker"</i>	
		Address <i>Coram ind</i>	
Accident or Suicide?			

Substituted for unsigned certificate

9/18/81

W.L.P.

Name  
in  
Full

## CERTIFICATE OF DEATH

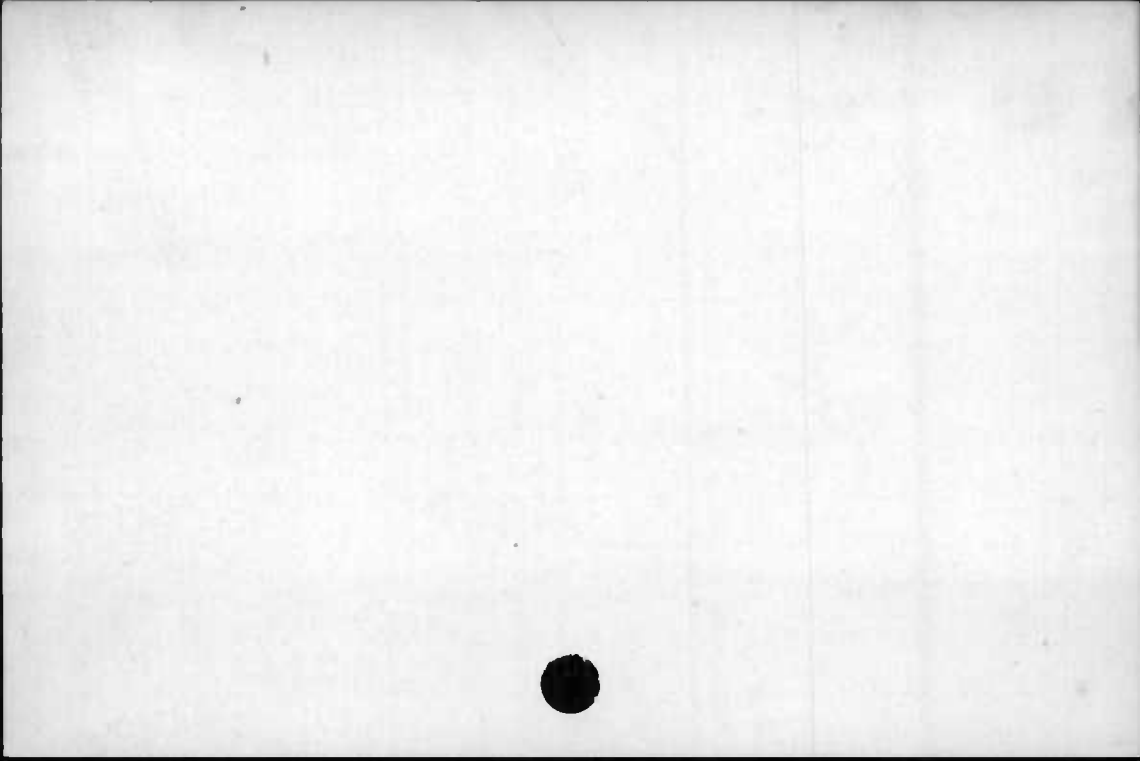
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Town</u>		<u>Somerset</u> County		MARYLAND	
Date of death	1906	Month	Aug	Day	30
Age	76	Years		Months	4
Sex	Male	Color or Race	White	Birthplace	Somerset
Occupation	Farmer	Where Residing if not at place of death Same place			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary A. Cullen		
Father's Name	Jacob J. Cullen			Father's Birthplace	Same
Mother's Maiden Name	Mary A. Nelson			Mother's Birthplace	Somerset Co
Name of person giving information	James H. Cullen			How related to deceased	Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart trouble	How long	Very short
Immediate	—	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. J. Adams
		Address	Under taken
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Cusfield

County

Sourcist

MARYLAND

Date

of death

1906

Month

Aug

Day

9

Years

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Occupation

Maternal

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

Capt James Ward

(172)

How related  
to deceased

Employer

## CAUSES OF DEATH

Primary

Drowning - accident

How long

5 days

Immediate

Drowning

How long

5 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature  
Physician

Wm Houlbourn, M.D.

Address

Cusfield

Accident or Suicide?

Accident



Name in Full

Certificate of Death

Willard Irving Gross

Town

County

Died at Princess Anne Somerset

MARYLAND

Date 1906 8 15 Age 15 Native of Md Occupation Baby

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

15 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Littleton Hargis Jr.

## CERTIFICATE OF DEATH

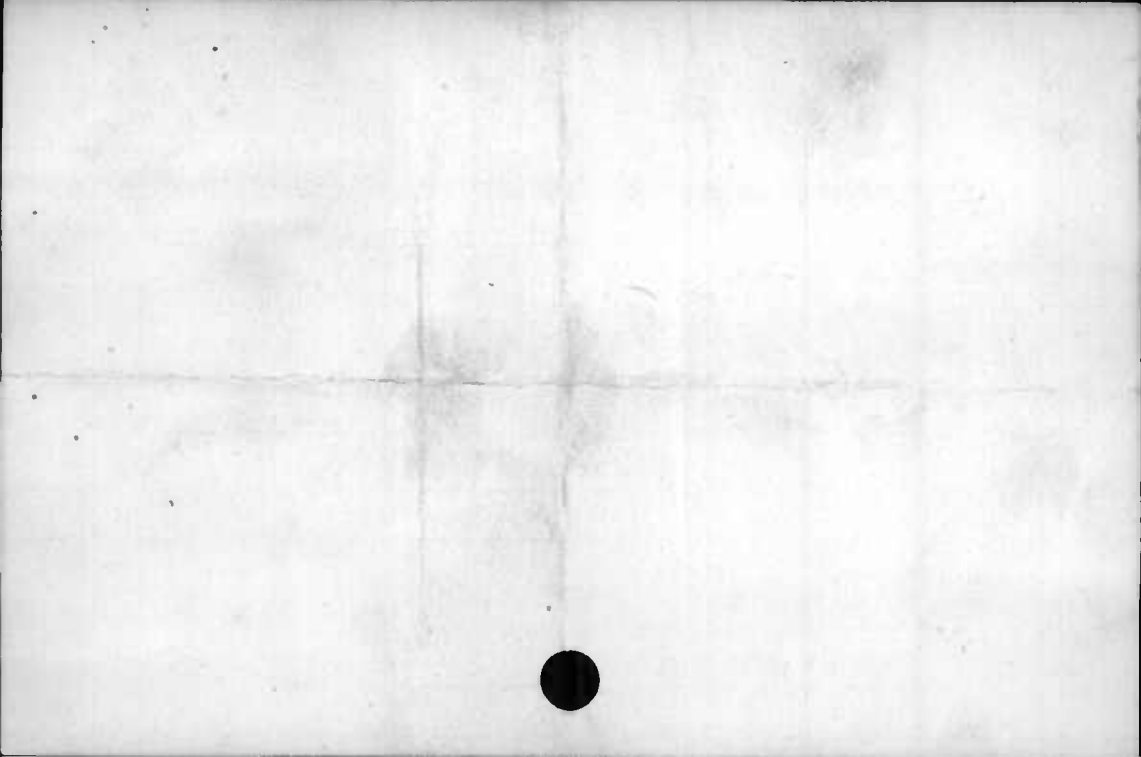
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		near Boston Sta		Town		Somerset		County		MARYLAND	
Date of death		1906		Month		Aug		Day		24	
Age		24		Years		24		Months		—	
Sex		male		Color or Race		Black		Birth-place		md.	
Occupation				Farmer				Where Residing if not at place of death			
Married, Single or Widowed				Single				Name of Wife or Husband			
Father's Name				Littleton Hargis				Father's Birthplace			
Mother's Maiden Name				Rose Townsend				Mother's Birthplace			
Name of person giving information				James Torrey				How related to deceased			
								Bro-in-law			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Typhoid Fever		How long		3 wks.	
Immediate		Exhaustion		How long		2 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Chas. Fisher, M.D.	
				Address		Princess Anne, Md.	
Accident or Suicide?							



Name  
in  
Full

Littleton L. Henderson

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Princess Anne <sup>County</sup> Somerset

MARYLAND

Date of death 1906 <sup>Month</sup> 8 <sup>Day</sup> 2 <sup>Years</sup> Age About 36 <sup>Months</sup> <sup>Days</sup>

Sex <sup>male</sup> Color or Race <sup>white</sup> Birth-place <sup>Worcester Co.</sup>

Occupation <sup>Candy maker</sup> Where Residing If not at place of death <sup>Baltimore Md</sup>

Married, <sup>Single</sup> <sup>or Widowed</sup> Name of Wife or Husband <sup>Margaret E Linker</sup>

Father's Name <sup>Littleton Henderson</sup> Father's Birthplace <sup>Worcester Co</sup>

Mother's Maiden Name <sup>Margaret Clogg</sup> Mother's Birthplace <sup>Worcester Co</sup>

Name of person giving Information <sup>J. W. Linker</sup> How related to deceased <sup>Father in Law</sup>

CAUSES OF DEATH

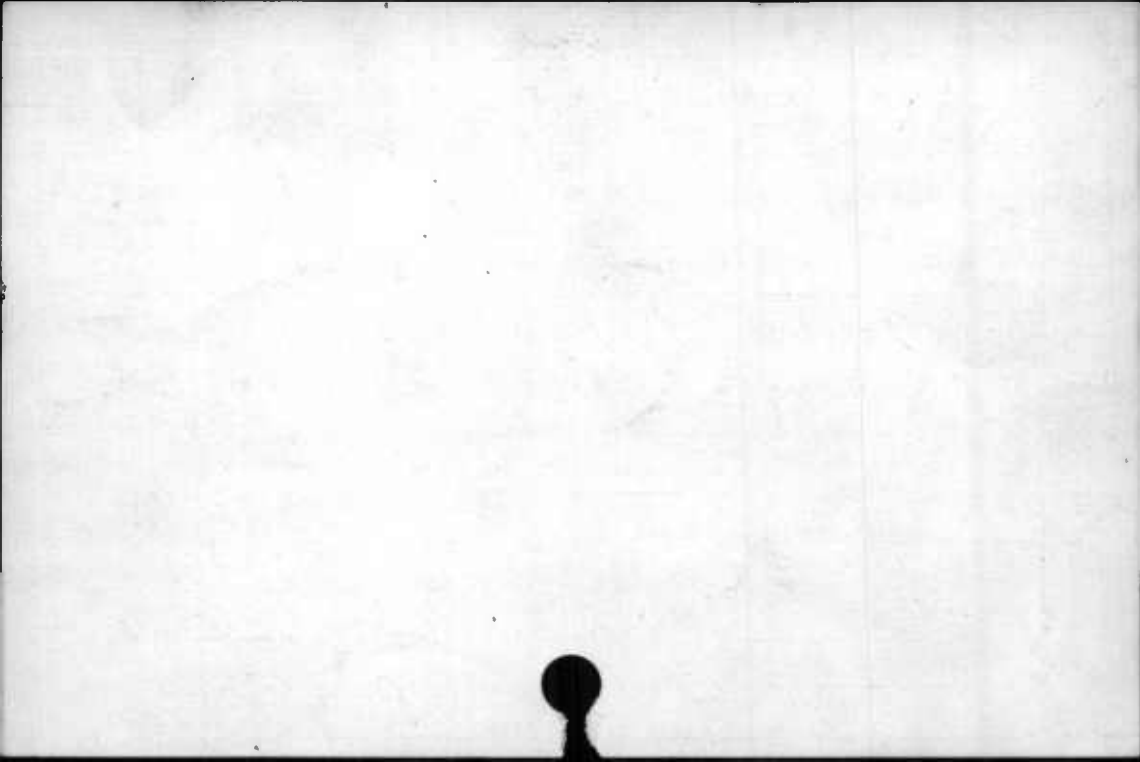
Primary <sup>Tuberculosis</sup> How long <sup>1 Year</sup>  
Immediate <sup>Appendicitis</sup> How long <sup>1 week</sup>

Are the name, age, sex, color, date and place correctly given above? <sup>Yes</sup> Signature of Physician <sup>Chas. W. Wainwright</sup>

Address <sup>Princess Anne Md</sup>  
~~Accident or Suicide?~~

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Charles A Holland

## CERTIFICATE OF DEATH

Died at Dublin TownLorneret County

MARYLAND

Date of death 1906 Aug. Month23 DayAge 24 Years

Months

Days

Sex MaleColor or  
RaceWhiteBirth-  
placeDublin Dist.

Occupation

FarmerWhere Residing if not  
at place of deathat place of deathMarried,  
or7

Name of Wife or

Ladie BrydenFather's  
NameThomas HollandFather's  
BirthplaceWorcester Co MdMother's  
Maiden NameLizzie PowellMother's  
BirthplaceWorcester Co MdName of person giving  
InformationBurton GibbonsHow related  
to deceasedno relation

## CAUSES OF DEATH

Primary

Tuberculosis

How long

Eight months

Immediate

Failure of vital forces

How long

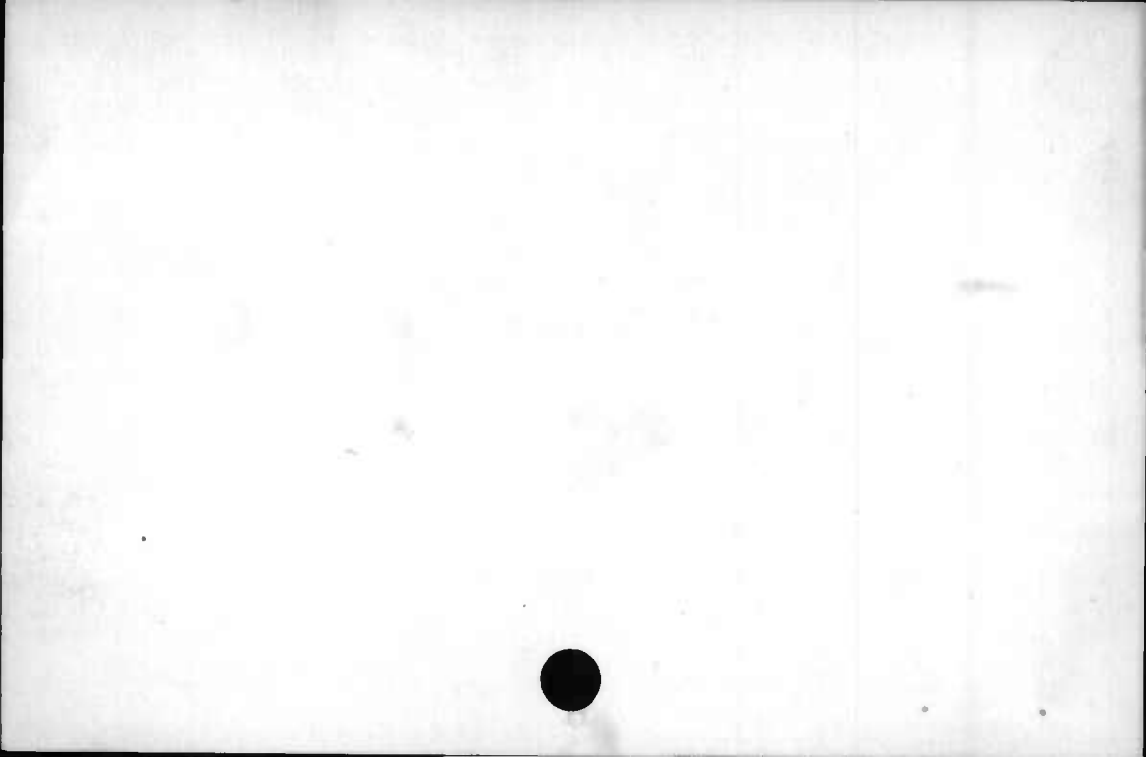
Thirty min.Are the name, age, sex, color, date  
and place correctly given above?yesSignature of  
PhysicianIsaac T Costen

Address

Pocomoke City  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Louisa Jones

## CERTIFICATE OF DEATH

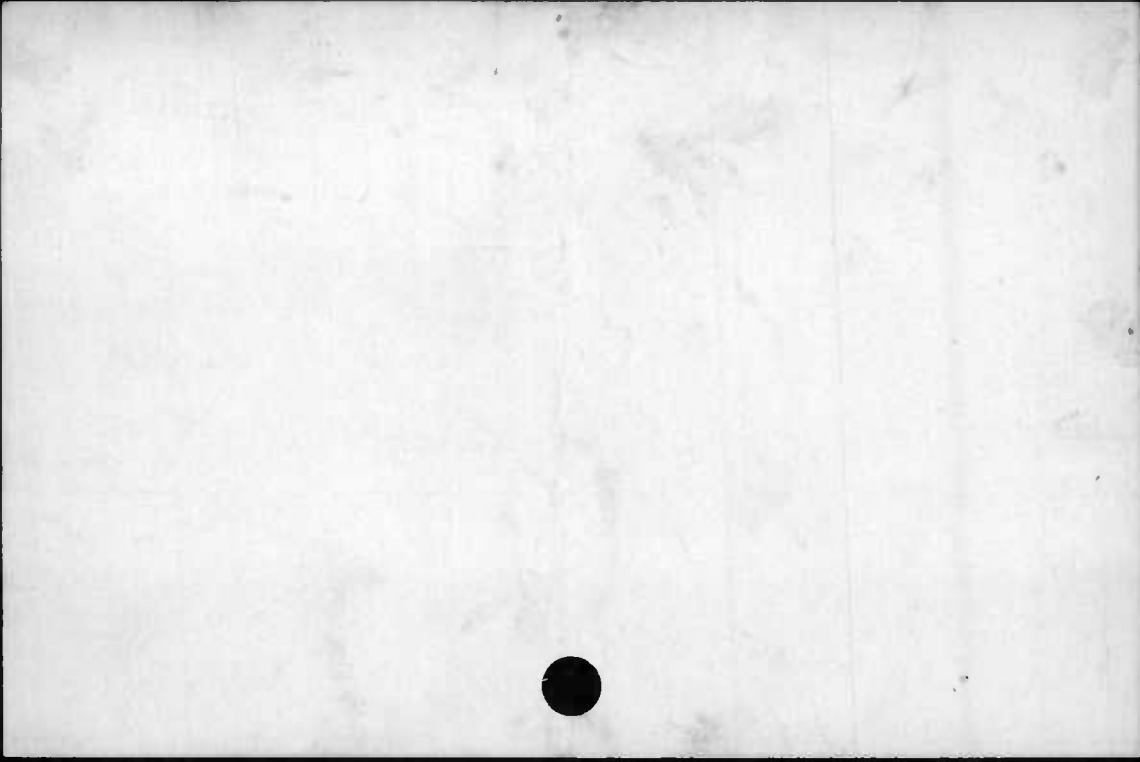
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Chance</i>		County <i>Somerset</i>		MARYLAND	
Date of death		Month <i>Aug.</i>	Day <i>27th</i>	Years <i>47</i>	Months	Days	
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Salisbury, Md.</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband				
Father's Name	<i>-</i>					Father's Birthplace	<i>-</i>
Mother's Maiden Name	<i>-</i>					Mother's Birthplace	<i>-</i>
Name of person giving information	<i>Dennis Johnson</i>					How related to deceased	<i>Son</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion</i>	How long	<i>27</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>D. J. Windsor M.D.</i>
		Address	<i>Danvers Junction Somerset Co., Md.</i>
Accident or Suicide?	<i>No</i>		





Name

in  
Full

Severn Laird

## CERTIFICATE OF DEATH

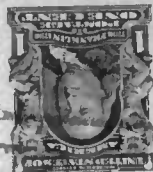
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Manokin</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>Aug</i> <sup>Month</sup>	<i>3rd</i> <sup>Day</sup>	Age <i>54</i> <sup>Years</sup>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Somerset Co</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, <del>Single</del> <i>Widowed</i>			Name of Wife or Husband		
Father's Name <i>Thos. Laird</i>			Father's Birthplace <i>Somerset</i>		
Mother's Maiden Name <i>Betsy</i>			Mother's Birthplace <i>Somerset Co</i>		
Name of person giving information			How related to deceased <i>—</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Rheumatism</i>	<i>(47)</i>	How long <i>about 8 years</i>
Immediate <i>—</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. E. Dickinson</i>	
	Address <i>Upper Fairmount Md.</i>	
Accident or Suicide? <i>—</i>		



L. W. London

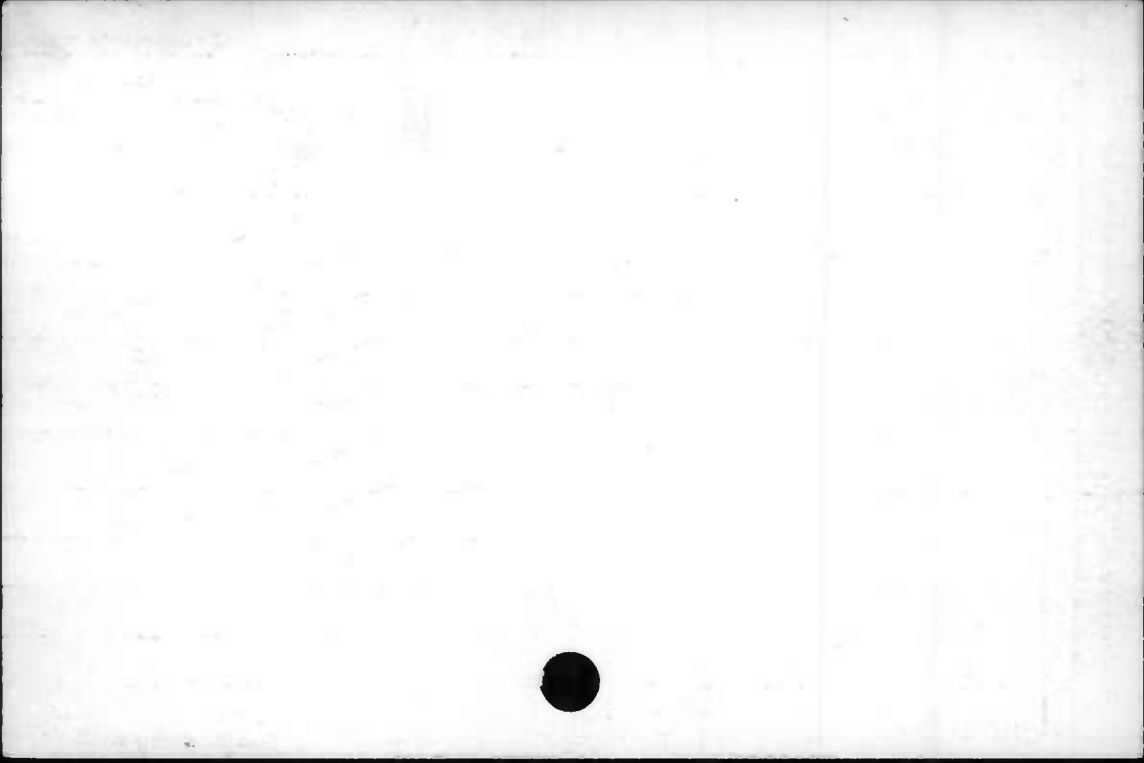
Londonville

Ma

Name in Full <b>Melbie Maddox</b>		CERTIFICATE OF DEATH	
Died at <b>Kingston</b> <small>Town</small>		County <b>Somerset</b>	
Date of death <b>1906 Aug 19</b> <small>Month Day</small>		Age <b>13</b> <small>Years</small>	
Sex <b>female</b>		Color or Race <b>Colored</b>	
Occupation		Birth-place <b>Kingston</b>	
Where Residing if not at place of death <b>Kingston</b>			
Married, Single or Widowed <b>single</b>		Name of Wife or Husband	
Father's Name <b>Hevern Maddox</b>		Father's Birthplace <b>Kingston Md</b>	
Mother's Maiden Name <b>Mary Maddox</b>		Mother's Birthplace <b>Kingston Md</b>	
Name of person giving information <b>Jas Hevern Maddox</b>		How related to deceased <b>Mother</b>	
CAUSES OF DEATH			
Primary <b>Typhoid fever</b>		How long <b>10 days</b>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Isaac Williams Dr. Kingston</b>	
		Address	
Accident or Suicide?			



Name in Full		Mrs. <i>Kenny Merrill</i>				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	<i>Asbury</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
	Date of death	<i>1906</i>	<i>Aug</i> <small>Month</small>	<i>30</i> <small>Day</small>	<i>70</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
	Sex	<i>Female</i>		Color or Race	<i>White</i>		
	Occupation	<i>Housewife</i>		Where Residing if not at place of death		<i>—</i>	
	<del>Married, Single or Widowed</del>	<del>—</del>		Name of Wife or Husband	<i>John Merrill</i>		
	Father's Name	<i>Travis Sterling</i>			Father's Birthplace	<i>Som. Co</i>	
	Mother's Maiden Name	<i>Mary</i>			Mother's Birthplace	<i>" "</i>	
	Name of person giving information	<i>J. S. Sawson</i>			How related to deceased	<i>Son</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Ascites</i>			How long	<i>6 mos.</i>	
	Immediate	<i>Heart Failure</i>			How long	<i>—</i>	
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician		
			<i>W</i>		Address		
	Accident or Suicide?		<i>No</i>		<i>J. F. Somers, Crisfield, Md.</i>		



Name  
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Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

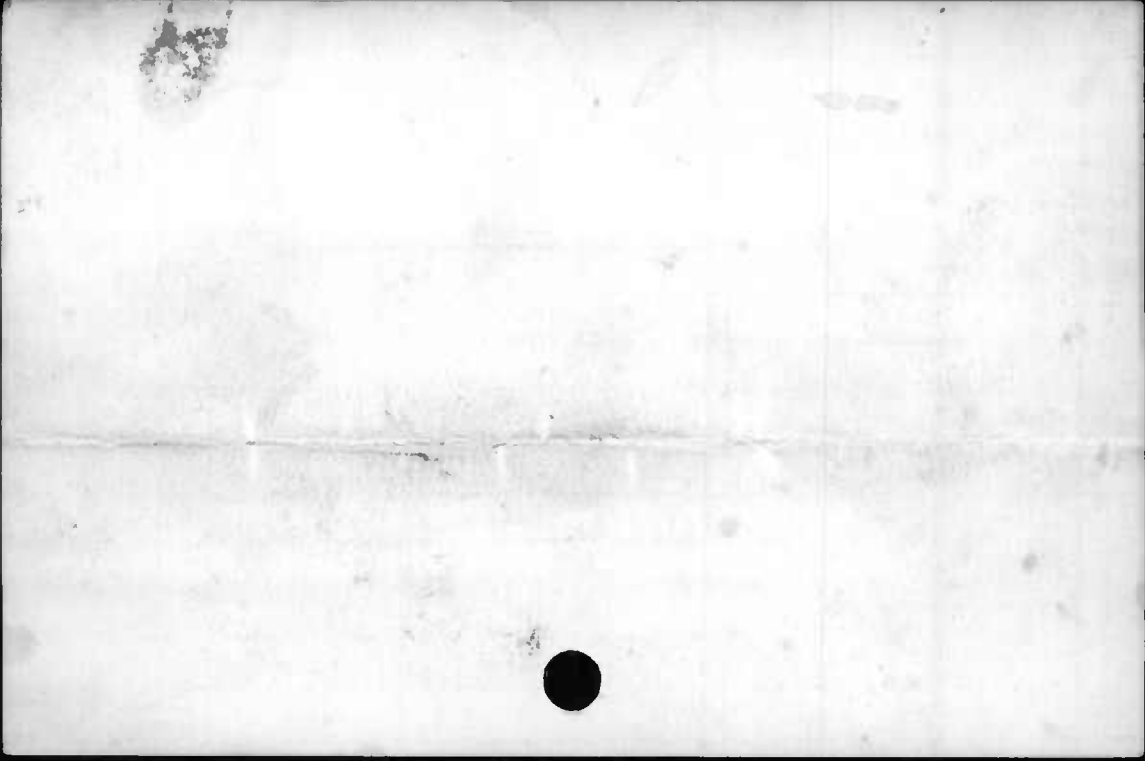
MARYLAND

Died at		Town		County	
Date of death		Month	Day	Age	Years
1906		8	14	62	
Sex	Color or Race		Birth place		
Male	White		Hiernia County		
Occupation	Where Residing if not at place of death				
Farmer					
Married, Single or Widowed	Name of Wife or Husband				
Single	Virginia Murray				
Father's Name	Father's Birthplace				
Thomas Murray	Portugal				
Mother's Maiden Name	Mother's Birthplace				
Elizabeth Murrell	Don't know				
Name of person giving Information	How related to deceased				
Virginia Murray	Wife				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Brain Fever	9 days
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Charles M. Parkhill
	Address
	Under taken
Accident or Suicide?	





Name  
in  
Full

Nannie Revelle

## CERTIFICATE OF DEATH

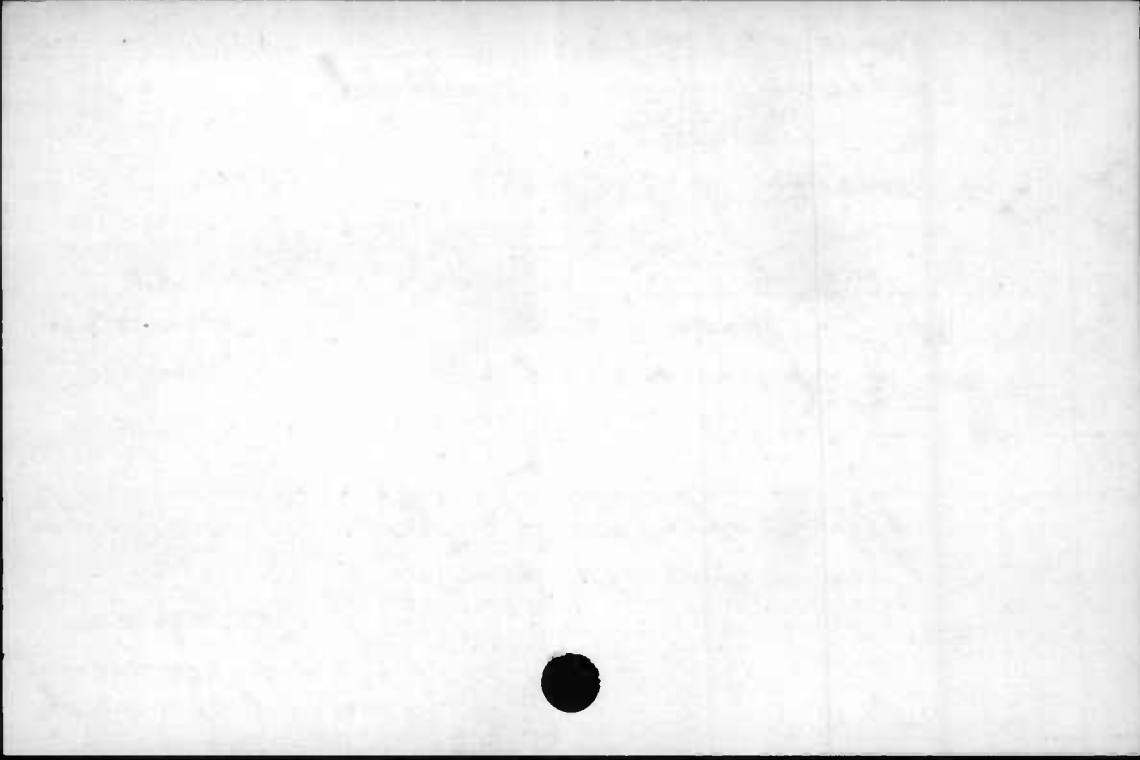
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Edwin</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>26</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph O. Revelle</i>				
Father's Name <i>— Jones</i>	Fether's Birthplace <i>Somerset</i>				
Mother's Maiden Name <i>Leah Ann Parks</i>	Mother's Birthplace <i>Somerset Co</i>				
Name of person giving information <i>—</i>		How related to deceased <i>—</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pernicious Vomiting</i>	How long	<i>4 Months</i>
Immediate	<i>Pernicious Anemia</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>G. E. Dickinson</i>	
		Address <i>Upper Fairmount Md</i>	
<input checked="" type="checkbox"/> Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *James Quarter* <sup>Town</sup>*Simpkins* <sup>County</sup>Date of death 190 *6* <sup>Month</sup> *Aug.* <sup>Day</sup> *3/5th*Age *Years*

Months

Days *7*Sex *Female*Color or  
Race*White*Birth-  
place*Sm. Co.*Married, Single  
or Widowed *—*Occupation *—*Name of Wife or  
Husband *—*Father's  
Name*Wm Simpson*Father's  
Birthplace*Sm. Co.*Mother's  
Maiden Name*Minnie Wallace*Mother's  
Birthplace*Sm. Co.*Name of person giving  
Information*Wm Simpson*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Malformation of heart*How long *—*

Immediate

How long *—*Are the name, age, sex, color, date  
and place correctly given above? *—*Signature of  
Physician

Address

*S. J. Winter, M.D.*  
*James Quarter*  
*Southern Co., Md.*Accident or Suicide? *—*

2



+

Name  
in  
Full

Moller Simpkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mt Vernon</u> <sup>Town</sup>		<u>Somerset</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	Month <u>8</u>	Day <u>17</u>	Age <u>41</u> <sup>Years</sup>	Months <u>✓</u>	Days <u>✓</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Wm W. Simpkins</u>				
Father's Name <u>John Hewson</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Sueie Bannard</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>John Hewson</u>	(178)		How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Dropped dead while pumping water</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>C. M. Doshier</u>
<u>OK</u>	Address <u>"Undertaker" Mt Vernon Ind</u>
Accident or Suicide? <u>✓</u>	

Gen R. Marsh  
is subregistrar at  
Inverness

Submitted for incomplete record.

Signed by John Lawrence - father.  
W.L.P.

8/18/XII.

Name

In Full

Rachael Sudler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pomona, N.J.</i>			Town <i>Pomona</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Aug</i>	Day <i>29</i>	Age <i>86</i>	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>Celoid</i>		Birth-place <i>N.J.</i>				
Occupation <i>Housework</i>				Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Levin Sudler</i>						
Father's Name <i>Arthur Sudler</i>				Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Rachael Sudler</i>				Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Levin Sudler</i>				How related to deceased <i>Son</i>				

## CAUSES OF DEATH

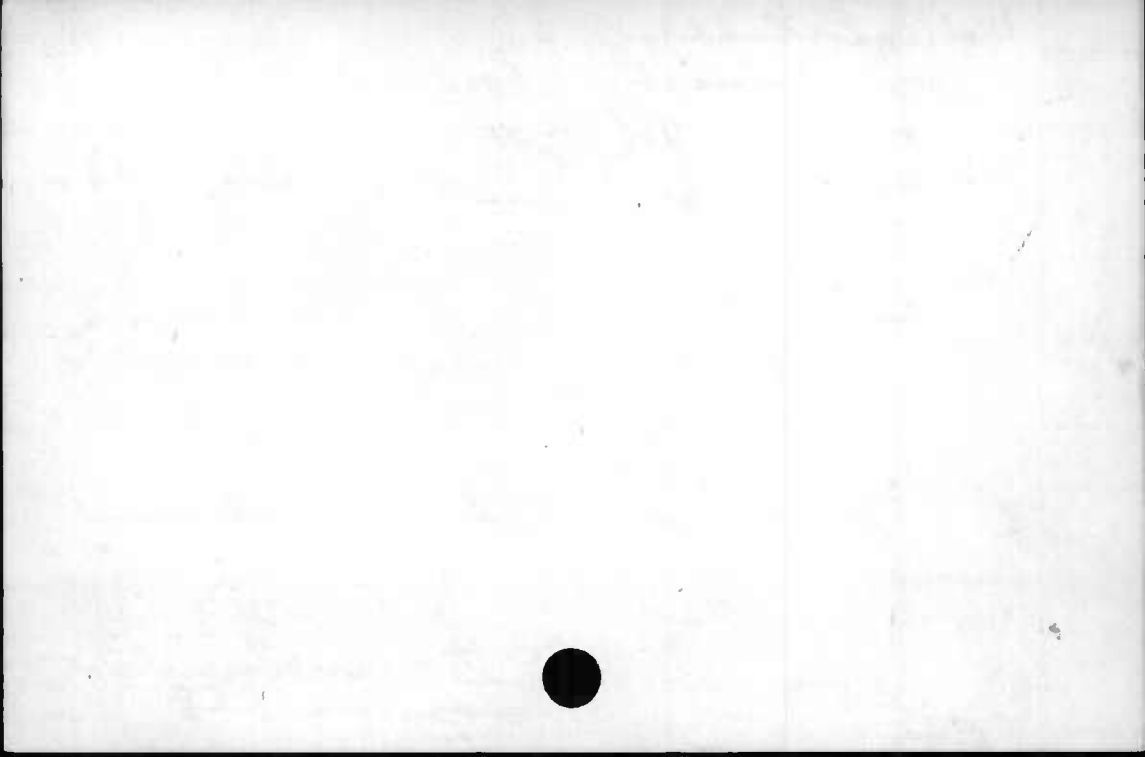
PHYSICIAN  
OR CORONER

Primary <i>General Anemia from Bright's Disease</i>		How long <i>Unknown</i>
Immediate <i>Anemia</i>		How long <i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. T. Fisher M.D.</i>
		Address <i>Pomona, N.J.</i>
Accident or Suicide? <i>No</i>		





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Kenoboth</i>		County <i>Somerset</i>		MARYLAND
	Date of death <i>1906 Aug.</i>	Month <i>Aug.</i>	Day <i>7</i>	Years <i>Age About 77</i>	Months <i></i> Days <i></i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co Md</i>	
	Occupation <i>Farmer</i>	Where Residing if not at place of death <i>in neighborhood</i>			
	Married, Single or <del>Widow</del>	Name of Wife or Husband <i>Mary M Powell</i>			
	Father's Name <i>Tilghman</i>	Father's Birthplace <i>Somerset Co Md</i>			
	Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i></i>			
Name of person giving Information <i>Robert W Powell</i>	How related to deceased <i>Son in law</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Infirmities of age and broken thigh</i>	How long <i>19 months</i>			
	Immediate <i>Failure of vital forces</i>	How long <i>on year</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F J Gorton</i>			
	<i>Accident or Suicide?</i>	Address <i>Pocomoke City Md</i>			



Name  
In  
Full

Meta Estelle White

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Danvers</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND	
Date of death	1906	Month	Aug.	Day	27th	Age	# 2
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Som. Co.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Joseph White</i>				Father's Birthplace <i>Som. Co.</i>			
Mother's Maiden Name <i>Jessie Webster</i>				Mother's Birthplace <i>Som. Co.</i>			
Name of person giving information <i>Joseph White</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>3 mos.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>D. J. Winder, M.D.</i>
		Address	<i>Danvers, Somerset Co., Md.</i>
Accident or Suicide?	<i>No</i>		

